

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**09/508934**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2	<del>1</del>	<del>1</del>					52						
3	<del>1</del>	<del>1</del>					53						
4	<del>3</del>	<del>1</del>					54						
5	1						55						
6	<del>1</del>	<del>1</del>					56						
7	<del>2</del>	<del>2</del>					57						
8	<del>2</del>	<del>2</del>					58						
9	<del>1</del>	<del>1</del>					59						
10	<del>1</del>	<del>1</del>					60						
11	1						61						
12		1					62						
13		1					63						
14		1					64						
15		1					65						
16		1					66						
17		1					67						
18		1					68						
19		1					69						
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	23						TOTAL IND.						
TOTAL DEP.	08						TOTAL DEP.						
TOTAL CLAIMS	29						TOTAL CLAIMS						

BEST AVAILABLE COPY